## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISS

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



| ppropriate. All further                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | correspondence including<br>d below or directed other                                                                            | ng the Patent, advance of                                                                                                                                                                                                                                                                                                                               | rders and notification of                                                                                                                                                                                                                                                                           | maintenance fees w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | zill be i              | mailed to the current                              | correspondence address as       |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                    |                                 |
| 23373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7590 05/10                                                                                                                       | 0/2007                                                                                                                                                                                                                                                                                                                                                  | 114                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | _                                                  |                                 |
| SUGHRUE MI<br>2100 PENNSYL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I h<br>Sta<br>ad                                                                                                                 | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| SUITE 800<br>WASHINGTON, DC 20037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     | transmitted to the USPTO (571) 273-2885, on the date indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                    |                                 |
| WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)     |                                                    |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                      |                                                    | (Signature)                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         | ·                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    | (Date)                          |
| APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTORNEY DOCKET NO.    |                                                    | CONFIRMATION NO.                |
| 10/521,238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01/14/2005                                                                                                                       | Yoshihiro Hayashi                                                                                                                                                                                                                                                                                                                                       | shi Q85704 8757                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| TILE OF INVENTION<br>EMICONDUCTOR DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  | NE COPOLYMER FILM<br>OPOLYMER FILM                                                                                                                                                                                                                                                                                                                      | , METHOD AND DEPO                                                                                                                                                                                                                                                                                   | SITION APPARAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | US FO                  | R PRODUCING SAM                                    | ME, AND                         |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                                                     | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                           | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                 | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E FEE                  | TOTAL FEE(S) DUE                                   | DATE DUE                        |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NO                                                                                                                               | \$1400                                                                                                                                                                                                                                                                                                                                                  | \$300                                                                                                                                                                                                                                                                                               | \$0<br>£3/83/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1837 A                 | \$1700<br>LINDAFE CICIOCAS                         | 08/10/2007<br>18321238          |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  | ART UNIT                                                                                                                                                                                                                                                                                                                                                | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is as                  |                                                    |                                 |
| ZIMMER, MARC S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  | 1712                                                                                                                                                                                                                                                                                                                                                    | 428-447000                                                                                                                                                                                                                                                                                          | The state of the s |                        |                                                    | 1460.60 09<br>323.86 <b>0</b> 9 |
| FR 1.363).  Change of correspondences form PTO/SE  "Fee Address" indi                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ence address or indication<br>ondence address (or Cha<br>1/122) attached.<br>cation (or "Fee Address<br>2 or more recent) attach | (1) the names of up t<br>or agents OR, alternat<br>(2) the name of a sing<br>registered attorney or<br>2 registered patent att                                                                                                                                                                                                                          | br printing on the patent front page, list the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is 1, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                  |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| NEC CORPORATION Tokyo , Japan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| lease check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  I ssue Fee  Publication Fee (No small entity discount permitted)  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                       |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |
| Advance Order - #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | The Director is hereboverpayment, to Dep                                                                                                                                                                                                                                                                                                                | y authorized to char                                                                                                                                                                                                                                                                                | ge the r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | equired fee(s), any de | ficiency, or credit any nextra copy of this form). |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | us (from status indicated<br>SMALL ENTITY statu                                                                                  |                                                                                                                                                                                                                                                                                                                                                         | ☐ b. Applicant is no lo                                                                                                                                                                                                                                                                             | nger claiming SMAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L ENT                  | TTY status. See 37 CF                              | FR 1 27(e)(2)                   |
| OTE: The Issue Fee and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Publication Fee (if reg                                                                                                          |                                                                                                                                                                                                                                                                                                                                                         | d from anyone other than                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    | e assignee or other party in    |
| Authorized Signorare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Carp                                                                                                                             | - 44                                                                                                                                                                                                                                                                                                                                                    | 10,766                                                                                                                                                                                                                                                                                              | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8/2                    | フ                                                  |                                 |
| Typed or printed hame Howard L. Bernstein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     | Registration N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o. <u>25</u>           | ,665                                               |                                 |
| his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) a application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and abmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                    |                                 |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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